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## BIB DATA SHEET

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\*\* CONTINUING DATA \*\*\*\*\* none /ad/

\*\* FOREIGN APPLICATIONS \*\*\*\*\* none/ad/

\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*\* SMALL ENTITY \*\*  
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Foreign Priority claimed 35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged /ANNEETTE FREDRICKA DIXON/ Examiner's Signature		Initials	CA	4	54	5

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## TITLE

Catheter for intrafallopian contraceptive delivery

FILING FEE RECEIVED 842	FEES: Authority has been given in Paper No._____ to charge/credit DEPOSIT ACCOUNT No._____ for following:	<input type="checkbox"/> All Fees
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